

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$) 485-

Complete if Known

Application Number

Filing Date

First Named Inventor

FEIERABEND

Examiner Name

Group Art Unit

Attorney Docket No

METHOD OF PAYMENT

- 1.
- ☐
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to

Deposit
Account
NumberDeposit
Account
Name

- ☐
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

- ☐
- Applicant claims small entity status
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

101 710 201 355 Utility filing fee

106 320 206 160 Design filing fee

107 490 207 245 Plant filing fee

108 710 208 355 Reissue filing fee

114 150 214 75 Provisional filing fee

Fee Paid

355

SUBTOTAL (1) (\$) 355

2. EXTRA CLAIM FEES

Total Claims 30 -20** = 10 X 9 = 90

Independent Claims 4 -3** = 1 X 40 = 40

Multiple Dependent _____ = 130

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$) Code (\$) Code (\$)

103 18 203 9 Claims in excess of 20

102 80 202 40 Independent claims in excess of 3

104 270 204 135 Multiple dependent claim, if not paid

109 80 209 40 ** Reissue independent claims

over original patent

110 18 210 9 ** Reissue claims in excess of 20

and over original patent

SUBTOTAL (2)

(\$) 130

**or number previously paid, if greater, For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee (\$)	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)

JAQUELIN K. SPONG

Registration No.

(Attorney/Agent)

Telephone

408-395-9206

Signature

Jaquelin K. Spong

Date

1/12/2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number	
CLAIMS AS FILED - PART I					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)			(Column 3)	
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE
BASIC FEE (37 CFR 1.16(a))						
TOTAL CLAIMS (37 CFR 1.16(c))	30	minus 20 =	*	10	x \$ 9 =	90
INDEPENDENT CLAIMS (37 CFR 1.16(b))	4	minus 3 =	*	1	x 40 =	40
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						
					+ _____ =	
					TOTAL	485
* If the difference in column 1 is less than zero, enter "0" in column 2						
CLAIMS AS AMENDED - PART II					SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
					+ _____ =	
					TOTAL	
					ADDITIONAL FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
					+ _____ =	
					TOTAL	
					ADDITIONAL FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	*	Minus	**		x \$ _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						
					+ _____ =	
					TOTAL	
					ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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